

UNITED STATES CIVIL SERVICE COMMISSION

BUREAU OF RETIREMENT AND INSURANCE

WASHINGTON 25, D.C.

ADDRESS REPLY TO  
"U.S. CIVIL SERVICE COMMISSION"  
AND REFER TO

FILE

RH:IK:ams  
AND DATE OF THIS LETTER

July 13, 1960

STAT

[redacted] President  
Government Employees Health Association, Inc.  
2430 E Street, N. W.  
Washington, D. C.

STAT

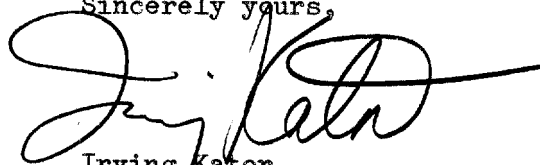
Dear [redacted]

Attached are two copies of Standard Form No. 1166a which will accompany our remittances to you. A check will be mailed from the Treasury Department on the 10th and 25th of each month.

From our past experience, we have found that the Treasury sometimes fails to attach a copy of the SF 1166a with our checks even though we request them to. Because it happens so rarely, we do not feel justified in sending out a separate copy direct. In case you do not receive a copy of SF 1166a with your check, we will be glad to furnish you a copy upon request.

Please check the name to which the checks will be made payable. In the event either the name or address should be changed, please mark the correction on one copy and return it to me immediately. If the name and address are correct, you need take no action. If we do not receive word to the contrary from you by July 18th, we will presume the name and address for check writing purposes are correct.

Sincerely yours,



Irving Kator  
Staff Assistant

Enclosure

Approved For Release 2003/08/13 : CIA-RDP86-00964R000100120015-8

VOUCHER AND SCHEDULE OF PAYMENTS

Sheet 1 of \_\_\_\_\_

U. S. Civil Service Commission  
(DEPARTMENT OR ESTABLISHMENT)

BUREAU OR OFFICE <b>Bureau of Retirement and Insurance</b>		
LOCATION OF TRANSMITTING OFFICE <b>Washington 25, D. C.</b>	STATION NO.	D. O. SYMBOL <b>9000</b>
APPROPRIATION SUMMARY: (SYMBOL AND AMOUNT)  <b>24x8440 - - - - - \$</b>		

D. O. Voucher No. \_\_\_\_\_

Bu. Schedule No. \_\_\_\_\_

PAID BY
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BUREAU VOUCHER NO. (1)	PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NO. OR OTHER IDENTIFICATION (2)	AMOUNT (3)	D.O. CHECK NO. (4)														
	<p>Government Employees Health Association, Inc. Box 463 Washington 4, D. C.</p> <p>Federal Employees Health Benefits Program Subscription Charges on Contract CS 1065</p> <p>Collections for:</p> <table><tr><th><u>Code</u></th><th><u>Amount</u></th></tr><tr><td>421</td><td>\$</td></tr><tr><td>422</td><td></td></tr><tr><td>423</td><td></td></tr><tr><td>424</td><td></td></tr><tr><td>425</td><td></td></tr><tr><td>426</td><td></td></tr></table> <p>Note: Attach copy of 1166 to check</p>	<u>Code</u>	<u>Amount</u>	421	\$	422		423		424		425		426		\$	
<u>Code</u>	<u>Amount</u>																
421	\$																
422																	
423																	
424																	
425																	
426																	
GRAND TOTAL																	

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(MEMORANDUM)